## VOLUNTEER ORIENTATION PROGRAM FAIRFAX COUNTY HEALTH DEPARPMENT

Circle Site Preference:

Address:	Please F	Print the Following Information:			
Phone: (H) (W)	Name:			Date:	
Phone: (H) (W)	Address			-	
Deccupation:  Days Available (Monday through Friday)  Indicate any time constraints or time limits:  Are you fluent in a foreign language? What Language(s)?	Dhanas			-	
1. Days Available (Monday through Friday)  2. Indicate any time constraints or time limits:  3. Are you fluent in a foreign language? What Language(s)?					
(Monday through Friday) (8:00 A.M. to 8:30 P.M.)  2. Indicate any time constraints or time limits:  3. Are you fluent in a foreign language? What Language(s)?	<b>Occupa</b>	tion:			
2. Indicate any time constraints or time limits:	l.				
3. Are you fluent in a foreign language? What Language(s)?	2.		s:		
4. Years completed in school: Degree(s):	3.				
	4.	Years completed in school:	Years completed in school: Degree(s):		
5. Special Interests:	5.	Special Interests:			

## Fairfax County Health Department Application for Volunteer Positions Page 2

PPD Status	: Date:	Result	S:
Chest X-Ra	y: Date:	Result	s:
		for the Health Department?	
		ience in volunteer work.	
References			
	<u>Name</u>	<u>Relationship</u>	Phone Number
			_

## **Fairfax County Health Department Application for Volunteer Positions**

I agree to fulfill the following conditions:

- 1. I will participate in training as per volunteer duties.
- 2. I will work under supervision, and accept directions from my supervisor.
- 3. I will maintain my stated schedule.
- 4. I will notify my supervisor in advance of any needed change in schedule.
- 5. I will follow the stated Agency policies, procedures and program.
- 6. I will expect to perform, and be treated, as a regular staff member.

Signature	Date
Agency Representative	Date

Send Application to:

Volunteer Agency Coordinator Fairfax County Health Department 1850 Cameron Glen Drive, Suite 100 Reston, VA 22090 Or

FAX to: (703) 787-8278